## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/320, 649

## **Total Fee Calculation**

		Total	Number					
	Fee Code	# Claims	Extra	X	Fee	Fee	=	Total
	Sm./Lg.			•	Sm. Entity	Lg. Entity	,	
Basic Filing Fee	201/101	<b>C</b>	^				=	760
Total Claims >20	203/103	24 -20	= 4	x		_/8_	=	72
Independent Claims >3	202/102	_43 =	·	X		<u> 78</u>	=	78
Mult. Dep Claim Present	204/104	,					=	260
Surcharge	205/105						=	130
English Translation	139							
TOTAL FEE CALCULA	ATION							1 <u>;300</u>
Fees due upon filing the application:								
Total Filing Fees Due	= \$ //	300		<del></del>				
Less Filing Fees Subn	nitted - \$							
BALANCE DUE	= \$ /	300					,	